



APPLICATION FOR A CERTIFICATE OF COMPETENCY

Contractor Licensing Department
2300 Virginia Ave
Ft Pierce, FL 34982
Phone: (772) 462-1672 Fax: (772) 462-1148
http://www.stlucieco.org/planning/contract_licen.htm

INSTRUCTIONS:

Please submit the following to be sponsored for the exam:

1.	The First (4) Four Pages of the Application. (Please see attached application)
2.	Application Fee \$150.00.
3.	(1) One Full Faced View Photograph.
4.	A clear copy of the applicants Driver's License.
5.	At least (1) one letter of recommendation from a contractor verifying the required years of experience. The letter shall address the applicants knowledge, experience and ability as a contractor. <i>(Please read # 6 on the checklist for more information.)</i>
6.	Complete the Sponsorship Form and submit the prescribed Sponsorship fee for each exam order.
	\$100.00 fee for exams over (4) hours or more or \$75.00 fee for exams over two (2) hours or more and under (4) hours. And \$50.00 fee for the Business and Law exam.

ALL NOTARIZED DOCUMENTS MUST HAVE THE ORIGINAL SUBMITTED.

Please make checks payable to St. Lucie County.

No documents submitted with an application shall be older than six (6) months at the time of submittal.

If the applicant is reciprocating from another Municipality, please provide all that applies from the Check list:

CHECK LIST

- ___ 1. **Application** – Completely filled out, no blanks (please see attach application pages 1-5)
- ___ 2. A Full Faced View Photograph 2"x2" of Applicant - **NO COPIES**
- ___ 3. A clear copy of the applicants **Driver's License**.
- ___ 4. **Application Fee**: \$150.00 (Subject to change) (checks and money orders should have the driver's license number of the person making the payment and make checks payable to St. Lucie County.)

Sponsorship Fee (if applicable.)

- ___ 5. **A letter of reciprocity from the sponsored jurisdiction** for those applicants who have obtained a grade of 70.0% or higher. When submitted, the date of the competency examination shall not be older than five (5) years. If the date of the competency examination is older than 5 years, the applicant must provide proof of working in their trade for that period. Upon receipt of proof of employment in the trade for the last five (5) years, the letter of reciprocity will be accepted. **A letter of reciprocity shall be no older than six (6) months.**

If St. Lucie County Sponsored the applicants, the test scores will automatically be added to the file.

- ___ 6. **Three (3) letters of recommendation**, two (2) from reputable business or professional persons **not related by blood or marriage** to the applicant. One (1) of the letters of recommendation verifying the required years of experience shall be from a contractor certified or registered by the State of Florida or the state in which the applicant most recently resided before becoming a resident of the State of Florida. A letter from a local Contractor who holds an active Certificate of Competency is accepted as long as the Certificate of Competency is of the same trade that is being verified. The contractor's license number must be included in the letter.

If the contractor who is verifying the experience is related by blood or marriage, the contractor must provide proof of being active as a contractor registered or certified by the State of Florida or the State in which the contractor most recently resided or had a local Certificate of Competency at the time of verification and must be of the same trade that is being verified.

All three (3) letters of recommendation shall address the applicant's knowledge, experience, and ability as a contractor.

All three (3) letters shall be notarized.

(Please see the description of your trade to determine the years of experience required)

- ___ 7. A **Financial Statement** that is signed and dated and not over six (6) months old. The enclosed Examining Boards approved Financial Statement may be completed & submitted.

NET WORTH	CONTRACTOR TRADE
\$10,000	GENERAL, ROOFING, A/C CLASS A, MECHANICAL, COMMERCIAL POOL/SPA, ELECTRICAL, PLUMBING, UNDERGROUND UTILITY (WATER SEWER), UNDERGROUND TRANSMISSION.
\$5,000	BUILDING, SHEET METAL, A/C CLASS B, RESIDENTIAL POOL/SPA,
\$2,500	RESIDENTIAL, SOLAR HEATER, ALL SPECIALTY CONTRACTORS
\$1,500	MAINTENANCE AND REPAIR POOL/SPA

The financial statement submitted must reflect current net worth requirements for category being applied for and must be notarized. (please see the description of your trade to determine the Net Worth required)

Please note: St. Lucie County Staff cannot notarize any Financial Statements.
(IF APPLICATION IS FOR A CORPORATION, ONLY A CORPORATION FINANCIAL STATEMENT IS REQUIRED. IF INDIVIDUAL AND SOLE PROPRIETOR, ONLY A PERSONAL FINANCIAL STATEMENT IS REQUIRED).

CHECK LIST

- ___ 8. Provide a current and valid Certificate of Insurance General Liability and Workers' Compensation. The certificate of insurance shall be as prescribed by County Code of Ordinances and Compiled Laws and the Florida Construction Industry Licensing Board. The Certificate should contain:
- a. Policy Number, Effective Date & Expiration Date
 - b. Cancellation Statement shall be completed and signed by Insurance Agent
 - c. Certificate Holder should read

**St. Lucie County Contractor Certification
2300 Virginia Avenue
Fort Pierce, Florida 34982**

- d. The Certificate of Insurance shall be with an Insurance Company authorized to do business in the State of Florida and reflect coverage for the **State of Florida**.
 - e. Please make sure that the Business Name, Workers' Compensation/Liability "Insured" name and the State License name (if applicable) all match **EXACTLY**.
(Please see the description of your trade to determine the insurance coverage requirement.)
- ___ 9. Affidavit from Florida Department of State, Division of Corporations, that applicant has complied with the State Fictitious Name Law, (if applicable).
- ___ 10. **A Credit Report** is required. THE CREDIT REPORT SHOULD BE ADDRESSED TO:

ST. LUCIE COUNTY CONTRACTOR CERTIFICATION
2300 VIRGINIA AVENUE
FORT PIERCE, FL 34982

THE ORIGINAL CREDIT REPORT NEEDS TO BE MAILED BY THE CREDIT BUREAU DIRECTLY TO ST. LUCIE COUNTY CONTRACTOR CERTIFICATION. A Credit Report cannot be used if it is over six (6) months old. All CREDIT REPORTS WILL NEED TO CONTAIN A PUBLIC RECORDS CHECK AND CONTAIN SUFFICIENT CREDIT INFORMATION SO THAT THE COUNTY EXAMINING BOARD MAY DETERMINE AN ACCURATE CREDIT STATUS.

(IF APPLICATION IS FOR A CORPORATION, ONLY A CORPORATION CREDIT REPORT IS REQUIRED. IF INDIVIDUAL OR SOLE PROPRIETOR, ONLY A PERSONAL CREDIT REPORT IS REQUIRED).

- ___ 11. Provide copy of applicant's current and valid State Registration (if applicable).
- ___ 12. Copy of the Corporate Charter with document number and Meeting Minutes for the Articles of Incorporation. (If it's a Corporation of LLC).

Applicant is responsible for making sure application is complete prior to cut-off date. Complete application includes everything on the check list including the test scores. Board Dates are scheduled every other month on the 3rd Wednesday of the month and the cut-off date is the 1st Friday. (The Board meeting schedule is at the end of the application)

ST. LUCIE COUNTY APPLICATION

App. Fee: **\$150.00**

Date: _____

Certificate #: _____

DO NOT WRITE ABOVE THIS LINE

INSTRUCTIONS:

PAYMENT IS REQUIRED AT THE TIME OF SUBMITTING AN APPLICATION TO COUNTY EXAMINING BOARD. **APPLICATION FEES ARE NOT REFUNDABLE. ALL CHECKS WILL BE MADE PAYABLE TO: ST. LUCIE COUNTY.** THE APPLICATION IS AN AGREEMENT AUTHORIZING THE EXAMINING BOARD TO OBTAIN ANY ADDITIONAL INFORMATION CONCERNING THE APPLICANT'S APPLICATION. THIS INFORMATION MAY CONCERN THE APPLICANT'S FINANCIAL, CREDIT, COLLECTIONS, TAX LIEN STATUS, AND JUDGMENTS. A CONVICTION OF A FELONY IN THE LAST FIVE YEARS MAY RESULT IN A DENIAL OF YOUR LICENSE, PER ST. LUCIE COUNTY CODE OF ORDINANCES.

(CHECK ONE)

CONTRACTOR TYPE

- (1) GENERAL _____
(2) BUILDING _____
(3) RESIDENTIAL _____
(4) PLUMBING _____
(5) ELECTRICAL _____
(6) A/C _____
(7) SPECIALTY _____
(NAME ONE): _____

PLEASE PLACE
PHOTOGRAPH OF
APPLICANT HERE.
PHOTO MUST BE FULL-
FACED VIEW
APPROXIMATELY 2"x 2".
A CLEAR &
RECOGNIZABLE
LIKENESS.

APPLICANT'S SOCIAL SECURITY #: _____

APPLICANT'S NAME _____
(FIRST) (MIDDLE) (LAST)

I AM QUALIFYING FOR: () PARTNERSHIP () CORPORATION () INDIVIDUAL () SOLE PROPRIETOR

NAME OF FIRM OR
COMPANY: _____

BUSINESS ADDRESS: _____ BUS. PHONE: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

TITLE: _____ # OF YEARS: _____ FAX #: _____

HOME ADDRESS: _____ HOME PHONE #: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____ SEX: _____

CITIZEN OF UNITED STATES: YES () NO ()

GRADE SCHOOL: _____ YRS. HIGH SCHOOL: _____ YRS. COLLEGE _____ YRS.

TRADE SCHOOL OR SPECIAL COURSE: _____

FLORIDA DIRVERS LICENSE: _____

1. GIVE HISTORY OF YOUR EXPERIENCE IN THE CONSTRUCTION BUSINESS DURING THE LAST TEN (10) YEARS. (PLEASE STATE LENGTH OF TIME IN EACH FIELD AND EMPLOYER.)

2. LIST NAME AND ADDRESSES OF ALL BUSINESSES APPLICANT OWNS OR HAS OWNED IN THE PAST FIVE (5) YEARS.

3. MATERIAL SUPPLIERS WITH WHICH YOU REGULARLY DO BUSINESS. (IF YOU CANNOT COMPLY, SUBSTITUTE TWO OTHER SIMILAR BUSINESS REFERENCES), WITH NAMES AND ADDRESSES:

4. I AM NOW DULY LICENSED AS A _____ CONTRACTOR IN THE FOLLOWING MUNICIPALITIES: **(LEAVE BLANK IF NO LICENSE HELD)** DO NOT LIST OCCUPATIONAL LICENSE NUMBERS.

NAME OF COUNTY/CITY OBTAINED

COMPETENCY NUMBER(S)

(QUESTIONS 1 THRU 5 TO BE ANSWERED BY **APPLICANT/QUALIFIER**) IF YOUR ANSWER IS YES TO THE FOLLOWING QUESTIONS, PLEASE EXPLAIN THE CIRCUMSTANCES IN DETAIL ON A SEPARATE ATTACHED SHEET:

1. HAVE YOU EVER BEEN A MEMBER OF A FIRM, WHICH FAILED TO PAY ALL SUBCONTRACTOR'S, MATERIAL SUPPLIES, OR LABORERS ON CONTRACT?

YES _____
NO _____

2. HAVE YOU EVER BEEN A MEMBER OF A FIRM, WHICH HAS FAILED TO COMPLETE A CONTRACT?

YES _____
NO _____

3. HAVE YOU EVER HAD A LIEN FILED AGAINST YOU, AS A CONTRACTOR OR YOUR BUSINESS?

YES _____
NO _____

4. HAVE YOU EVER BEEN CONVICTED OR PRESENTLY CHARGED WITH A MISDEMEANOR INVOLVING MORAL TURPITUDE OR A FELONY WITHIN THE LAST FIVE (5) YEARS?

YES _____
NO _____

5. HAVE YOU EVER HAD YOUR CERTIFICATE OF COMPETENCY SUSPENDED OR REVOKED? HAS THE DEPARTMENT OF PROFESSIONAL REGULATION SUSPENDED OR REVOKED YOUR CERTIFICATION OR REGISTRATION?

YES _____
NO _____

"I CERTIFY THAT I WILL ACT FOR THE PARTNERSHIP, FIRM OR CORPORATION FOR WHICH I AM THE QUALIFIER, IN ALL MATTERS CONCERNING THE CONTRACTING BUSINESS, AND I WILL ACTIVELY SUPERVISE ALL CONSTRUCTION WORK AND BE RESPONSIBLE FOR ASCERTAINING THAT ALL SUCH WORK IS COMPLETED ACCORDING TO APPROVED PLANS, APPLICABLE BUILDING CODES AND GOOD CONSTRUCTION STANDARDS. I WILL IMMEDIATELY NOTIFY THE ST. LUCIE COUNTY EXAMINING BOARD IF I SEVER BUSINESS CONNECTIONS, WITH THE PARTNERSHIP, FIRM OR CORPORATION CONCERNED IN THIS APPLICATION, OR AM NO LONGER ACTIVELY SUPERVISING THE CONSTRUCTION WORK. I WILL IMMEDIATELY NOTIFY THE ST. LUCIE COUNTY EXAMINING BOARD OF ANY CHANGE IN MY BUSINESS STATUS AND/OR IN MY CONTRACTORS' STATUS, FROM THAT STATED IN THIS APPLICATION. I UNDERSTAND THAT SHOULD I HAVE A CHANGE IN MY BUSINESS STATUS AND/OR A CHANGE IN MY CONTRACTORS' STATUS, I AM REQUIRED TO SUBMIT A NEW APPLICATION TO THE EXAMINING BOARD TO REFLECT MY CHANGE IN STATUS. I FURTHER UNDERSTAND THAT MY NEW APPLICATION WILL BE PROCESSED IN THE SAME MANNER AS MY INITIAL APPLICATION AND ALL REQUIRED DOCUMENTS SHALL BE PROVIDED. I SHALL NOTIFY THE EXAMINING BOARD OF ALL CHANGES IN MY BUSINESS AND HOME MAILING ADDRESSES AND TELEPHONE NUMBERS INCLUDING CHANGES IN ZIP CODES AND TELEPHONE AREA CODES."

AFFIDAVIT

TO BE ATTESTED TO BEFORE A NOTARY PUBLIC:

STATE: _____

COUNTY: _____

BEFORE ME, AN OFFICER DULY QUALIFIED TO ADMINISTER OATHS AND TAKE ACKNOWLEDGEMENT, PERSONALLY APPEARED _____, KNOWN TO ME TO BE THE PERSON HEREIN DESCRIBED AND SUBSCRIBING HERETO, AND ON OATH DEPOSES AND SAYS: THAT THE STATEMENTS MADE IN THIS APPLICATION, TO THE BEST OF HIS/HER KNOWLEDGE, ARE TRUE AND CORRECT.

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as identification.

Signature of Applicant

Signature of Notary

CORPORATE AUTHORIZATION FORM

(THIS FORM IS TO BE COMPLETED ONLY IF APPLYING AS A CORPORATION OR LLC)

St. Lucie County
Contractor Certification
2300 Virginia Avenue
Fort Pierce, FL 34982

I hereby certify that:

(Qualifier's Name)

Is the Qualifying Agent
for:

(Name of the Corporation)

Located at:

(Corporation's Mailing Address)

And that he/she, as the Qualifying Agent, is legally qualified to act for the Corporation in all matters connected with the Corporation's contracting business and that he/she has the authority to supervise construction undertaken by the Corporation. The Qualifying Agent is authorized to take the required competency examination in order to qualify this Corporation and supervise construction and installation undertaken under the County Certificate of Competency being applied for.

I further certify that the Corporation will notify St. Lucie County Contractor Certification within forty-five (45) days should there be any changes in the information contained in the Qualifying Agent's application and should the Qualifying Agent cease to be affiliated with this Corporation.

President or Vice-President

(CORPORATE SEAL)

Name of Corporation

FINANCIAL STATEMENT

Statement of Financial
Condition of:

Name of Business Being Certified

CURRENT ASSETS	AMOUNT	CURRENT LIABILITIES	AMOUNT
Cash in Bank	\$	Accounts Payable	\$
Notes Receivable	\$	Notes Payable in Bank	\$
Accounts Receivable	\$	Other Notes Payable	\$
Inventory	\$	Notes Receivable Discounted	\$
U.S. Government Securities	\$	Mortgages and Bonds Payable	\$
Other Current Assets (Itemized)	\$	Accrued Income Taxes	\$
	\$	Wages & Interest	\$
	\$	Other Current Liabilities (Itemized)	\$
	\$	Credit Cards	\$
TOTAL CURRENT ASSETS	\$	TOTAL CURRENT LIABILITIES	\$
Land	\$	Other Liabilities Due after 1 year (Itemized)	\$
Buildings Net (After Depreciation)	\$		
Machinery, Fixtures & Equipment (After Depreciation)	\$	TOTAL LIABILITIES	\$
Leasehold Improvements Net (After Depreciation)	\$		
Cash Value Life Insurance	\$	Capital Stock Surplus (If Corp)	\$
Stocks and Bonds	\$		
Prepaid Expenses and Deferred Charges	\$		
Other Assets (Itemized)	\$	Capital (If Corporation or Partnership)	\$
		NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

Please Note: Total Assets must equal Total (Liabilities and Net Worth)

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as identification.

Signature of Applicant

Signature of Notary



Affidavit

**CONSTRUCTION INDUSTRY
CERTIFICATE OF ELECTION TO BE EXEMPT FROM
THE FLORIDA WORKERS' COMPENSATION LAW**

I, _____, have filed the State of Florida Certificate to be exempt from the Florida Workers' Compensation Law, and have submitted a copy of the exemption to the Contractor Certification Division in lieu of a Certificate of Insurance for Workers' Compensation Insurance.

At the present time, I have no employees. I understand that if I hire any employees I must submit a Certificate of Insurance to the Contractor Certification Division providing evidence that appropriate Workers' Compensation Insurance is in place for those employees prior to commencement of any work, in accordance with the Florida Statutes.

Qualifier's Signature: _____ **Date:** _____

Type/Print Name: _____

Contractor Certification #: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this
_____ day of _____, 20_____, by
_____, who is
personally known to me or has produced _____
as identification.

Signature of Notary

Re: Collection of Personal Information

We care about your privacy and endeavor to protect it to the greatest extent possible. In order to obtain information to protect our office, and to provide you with benefits, certain personal information from you and your dependents must be obtained. For your information, social security numbers and benefits information are not subject to Florida's public records laws and are not furnished to anyone, unless properly subpoenaed by a court of law or provided to an agency whose need for the social security numbers are necessary to carry out their function. Your social security number will be obtained solely for the purpose of fulfilling duties and responsibilities as prescribed by law and include:

1. To process and report wages pursuant to the Social Security Administration Act
2. To report income pursuant to the Federal Department of Internal Revenue Service
3. To follow the guidelines set forth by the U.S. Citizen and Immigration Service
4. To initiate and process applicant or employee background checks
5. Drug Screening Test Identification
6. Process employment benefits including, but not limited to, Health Insurance, Florida Retirement, Income Reporting, Unemployment Compensation and Worker's Compensation.

ST. LUCIE COUNTY, FLORIDA CONTRACTOR CERTIFICATION BOARD 2014 BOARD MEETING SCHEDULE

THE FOLLOWING CUT OFF DATES ARE FINAL. APPLICATIONS SUBMITTED AFTER THE CUTOFF DATE WILL BE SCHEDULED FOR THE FOLLOWING MONTHLY BOARD MEETING, IF COMPLETED. IF APPLICATIONS ARE NOT COMPLETED, THEY WILL NOT BE REVIEWED.

CUT OFF DATES

January 3, 2014

March 7, 2014

May 2, 2014

July 4, 2014

September 5, 2014

November 7, 2014

BOARD MEETING DATES

January 15, 2014

March 19, 2014

May 21, 2014

July 16, 2014

September 17, 2014

November 19, 2014

NOTE: Staff reserves the right to move applications to the next Agenda.

The Contractor Certification Board meets the third Wednesday of the month in the Commission Chambers, Roger Poitras Annex, 2300 Virginia Avenue, Fort Pierce, Florida, from 9:00 A.M. to 12 NOON. You can contact our office @ (772) 462-1672 or (772) 462-1673 for directions and questions.